

and great grandchildren on the Internet. They have actually become techies. And so this is a medium that I think can help so many people to regain their quality of life and their independence.

I'm actually going to be turning it over now to the next speaker who is the other co-chair from the Mayor's Disability Council, who is Jul Lynn Parsons.

>> JOHN WODATCH: Ms. Parsons, you may proceed.

>> JUL LYNN PARSONS: Welcome to San Francisco. I'd like to echo my co-chairs' sentiments in saying everyone sounds wonderful. But I should first probably let you know that I'm deaf, and I'm reading the captioning that you are offering here which has offered the most effective type of communication in this situation, and allows us inclusion and equal access, and that is why we are all here. The common ideal is we need, we want universal access, and what forms and components does that come in?

So I'm delighted to be here today. We did have a hearing in December available on the city and county website, where we addressed these proposed rules. We asked our constituents what their feelings were about them. And so in that context, I'm here to reveal some of those findings to you.

In respect to the next generation 911, equal access to 911 services do not currently exist for people who are deaf or hard-of-hearing, and I can give you a personal example of that. I use a land line phone to call my recently widowed mother, and it takes several minutes to get through. That's annoying, with the relay operator. And in the event of an emergency, as you heard previously this morning, I believe, that could be life threatening, a matter of minutes.

So this already is discrimination against this particular class. And the clearest approach to web accessibility and at the same time not dependent on specific technology or programs, okay, I'm going by my notes and what I meant by that was WCAG 2.0 is primarily what we were advised to recommend by the experts that we heard. And that was level AA. Ross brought up one of the concerns which were formed, the other concern we had were captions and web streaming. And I'm proud of the city and county department of information and technology services, because they have archives of meetings that, click a little button and you get captions, or you get a little text right next to it.

So we need that, a lot of websites don't have that that Ross mentioned this is how we get our information. We can't go out in general public, unfortunately general public doesn't look like this room yet.

In regards back to WCAG, the guidelines have already been in place for some time, and will reduce confusion. Basically what I want to say on that was WCAG compared to 508 compared to standards of performance, and we chose WCAG. We just thought they were clearer. They left more room for improving technology, basically. That is the short story.

We will be giving you something in writing, because I will not go over my time. I've been sitting here all day with you folks too and I'm anxious to hear what everyone has to say just as well. 911, it's an archaic system, it's analog, which is what we discovered. That means that people who are deaf or hard-of-hearing cannot use the regular phone basically.

I have a portable TTY. I don't use it with my iPhone. I had an emergency last year. I had to text my daughter in Seattle, to have her call the police down here in the Bay Area. And I was lucky she was available, because if she wasn't, I wouldn't have had that access. And I know I'm not alone there.

So we really promote the idea of Internet protocol on the 911 system, with all deliberate speed, I might add. And that would include text messages, instant messaging, e-mail, and video communications.

I think you really need to be robust in your broadcasts like that. Timing, that would be affected by the state's ability to finance an entirely new network. We understand that. California may be prompt to do so because there is a mechanism in place and that is a tax increment on everyone's phone bill. So we encourage the Department of Justice to require no more than a five-year time line to implement the new system, especially in those states with a funding mechanism already in place such as California because this is a key access issue, and there are few issues that are more important than that. And it will literally save our lives to bring us into the 21st century with 911.

I see there is a little red light going on, tiny little light, I may have missed it for a second. We will be happy to submit our further findings to you and we're very pleased to have you come visit us today. We hope that you will return and we can work with you in the future. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your being here today. We also appreciate you reaching out to your community on our ANPRMs. Thank you for doing that.

Our next Commenter will be via the telephone, and is Mr. Mike Tinkey. Mr. Tinkey, go ahead.

>> MIKE TINKEY: Good afternoon. Thank you again for the opportunity to address you again in response to questions number 14 and 15 regarding addressing the needs of golfers with mobility disabilities, scoping

requirements for accessible golf cars and questions 23 and 24 on the impact of small entities.

I'm Mike Tinkey, the deputy director of the National Golf Course Owners Association, NGCOA. We promote best practices in reaching out with to golfers with disabilities, through education, staff training, programming, and facility modifications, are large part of that focus. We proactively educate and inform through golf business magazine, seminars and member calls. We have found that a multi faceted approach is need to serve golfers with disabilities. One size doesn't fit all. As part of the process, we have sought to provide access to accessible single-rider golf cars through acquisition and pooling. Experience in the field has demonstrated there is no silver bullet or monolithic approach such as providing single-rider golf cars to address the needs of most golfers with disabilities.

Number one, pooling works. Starting approximately three years ago the NGCOA coordinated an accessible golf working group made up of representatives of the largest multi-course companies in the United States. We exchanged information on who had single-rider golf cars, where they were located, and coordinated a program where golfers are pooled among courses based on a request and reservation by golfers.

We expanded this program to our chapters and membership at large. Even with very few single-rider golf cars in circulation, we have been able to increase access to golfers by pooling and I can only think of a couple instances where the golfers was not accommodated. And these few cases they subsequently were.

Number two, pooling works in municipal facilities, companies like American Golfer, who operate many municipal facilities, the City of Indianapolis, courses and programs in Chicago and many others, pool their golf cars effectively. Number three, even at military courses, preliminary research indicates that the mandate they have two single-rider golf cars per course was an overreach.

Number four, among the general population, civilian population we found little or no demand for single-rider golf cars even where they are being aggressively marketed and promoted. In fact, in many cases disabled golfers prefer traditional golf cars with or without a chauffeur. Golf is a social sport and they prefer to ride with another golfer.

The number of golfers with mobility disabilities that are not being served by using a traditional golf car, traditional golf car with chauffeur or traditional golf car with hand controls or with access to tees and greens is very small. Where there is request for single golf car they can be served through pooling arrangements.

Technology is rapidly evolving and today many wounded warriors are able with prosthetics to have mobility that just a short time ago would have been thought impossible. Single-rider golf cars are just one form of technology and the need is diminishing as technology offerings alternatives. Finally and importantly, there are no ANSI safety standards or certification for single-rider golf cars although a new group has started the process to do so. Therefore, golfers, course owners and operators operate them at their peril. We need to understand the potential unintended consequences if there were to be a mandate.

Regarding 23 and 24, single-rider golf cars cause twice as much as traditional golf cars or more and they only can only be used by one, not two golfers. Thus they are much more expensive. Traditional golf cars easily pay for themselves because income is more than the cost of the cart. Given the limited demand, there is not a case for the single-rider golf car, mandating their purchase would pose a significant economic burden to small business owners of golf facilities at an already challenging economic time and would fail to address the need that is not currently being met by other means.

Single-rider golf cars do not provide a panacea for golfers with mobility disabilities that some alleged. Multiple examples for many years demonstrated that golfers with disabilities are playing and accommodated primarily using traditional golf cars. More than ever golf course owner and operators are reaching out to individuals with disabilities through education, staff training, inclusive programming, facility modifications and sharing the best practices including pooling.

On behalf of golf course owners and operators, I applaud your efforts to get it right relative to accessibility inclusion, for individual disabilities, and we look forward to working with you on solutions that accomplish your laudable goal in a realistic efficient and affordable way. Thank you so much for your time today.

>> JOHN WODATCH: Thank you for your participation today.

Are we going to proceed to -- we are trying to set up a videophone conference, but it looks like that isn't happening this second. So we will proceed with Dmitri Belser. Mr. Belser, please proceed.

>> DMITRI BELSER: Thank you. I thought at this time in the afternoon I'd start with the four happiest words in the English language, I will be brief. (Chuckles)

I'm Dmitri Belser. I'm the president of the Ed Roberts campus in Berkeley, and I'm also the Executive Director for the Center for Accessible

Technology. And the Center for Accessible Technology has worked in the area of website accessibility for about ten years. We provide consulting work and also work with individuals with disabilities, for access to assistive technology. Web accessibility is an incredibly important issue. Websites are the virtual front door for people these days. Most people don't go to businesses first; they are first going on the web and looking at sites. And for people who don't have access, it is a real problem.

I think there are people here and people you've been listening to all day who have described the issues of website accessibility in ways that are a lot more articulate than I am. But there are just two comments I want to make. One of them is that a mistake that people make around website accessibility, is that they think it's an issue for blind and low vision people, and as a person who is blind, I believe that. But I also want to say that there is a lot more to it than just that.

That web accessibility impacts a lot of people with other disabilities, for example people with mobility disabilities for whom multiple clicks and going through many pages may be difficult. There are a lot of things that can be done to make websites accessible for all people.

The other issue I just want to touch on, I think that a lot is often made around the cost of website accessibility and in fact, I don't believe the cost is a significant factor. Certainly in the same way that in architecture modifying an existing building is more expensive than building a new one that is fully accessible, modifying existing website can be hard to do, but with education, web developers can develop websites that are accessible and the cost would become virtually negligible.

So those are my only two comments. Thanks very much.

>> JOHN WODATCH: Thank you very much. You were true to your word.

>> DMITRI BELSER: As always.

>> JOHN WODATCH: Are we ready to proceed with the videophone call? No? Okay. Our next commenter, thank you for coming out, is Vera Hill. You may proceed.

>> VERA HILL: Thank you, good afternoon. My name is Vera Hill. I work with the City of Sacramento's police department. I am a supervisor in the communications division. I want to say first of all thank you very much for this opportunity to speak on behalf of the deaf community today regarding the issue of services. The Sacramento police department is dedicated to the service for all members of its community, and addressed the need for the

direct contact with the emergency services with the device that we call the pager for the deaf.

Back in February of 2003, we were approached by a member of the community who asked us, what happens if my cousin or anyone else who is deaf is involved in a vehicle accident or some other sort of situation that requires them to need an emergency services? How does she access these services?

How many text messages must she send to friends or family in order to get a call made to the local police or fire or other emergency services for help? What other options are available for her to gain direct access?

Well, I can tell you that when I personally was involved in a vehicle accident, a bad vehicle accident, as I was the driver, drunk driver hit me, left me out with my car totally disabled, fled the scene, I as someone who is hearing pulled myself together, picked up my cell phone and called 911. Obviously I had direct access.

However, someone else finding themselves in that situation, someone who is deaf, doesn't have that access. So, what we came up with again is the pager for the deaf.

It's a direct avenue for someone who is deaf to make contact with our agency in the case of an emergency, and eliminating the need to notify any third party. Again, this is direct access, gained simply by dialing the number which can be programmed into the cell phone, to receive immediate assistance.

The dispatchers answer the pager for the deaf as they would a 911 call, and 911 calls are the highest priority, therefore, answered prior to any other lines.

Should a dispatcher be on the line with a nonemergency call and a 911 rings, the nonemergency caller is immediately advised that the, the nonemergency caller is advised the 911 call must be answered and that nonemergency caller is placed on hold.

Should the pager for the deaf sound off, while a dispatcher is on a nonemergency call, that nonemergency caller is told the same thing, and the pager for the deaf is answered.

It's treated as any other emergency caller would. The conversation between the caller and the dispatcher, it continues until the emergency services arrive, or there is otherwise no further need to remain connected.

Should the other sources need to be contacted, to render assistance, such as tow truck, the fire department, some other entity, the dispatcher does so via land line while conversing with the caller on the pager.

The caller on the pager is advised of what services are being given to them. Also, if the caller happens to be at an agency or area that is outside of the direct scope of responsibility for our department, we are not going to tell them, "No." We immediately let them know that we are contacting that agency, tell the agency what's going on, that we have someone who is deaf using our pager, and tell them exactly where they are. We again stay on the line with that person, stay on that pager until they get help.

Sacramento police department's motto of working in partnership with the community, protecting life and property, solving neighborhood crimes and enhancing the quality of life in our city is taken very seriously. This low cost method of holding responsibility to our community, specifically deaf members of our communities, is an invaluable tool which serves to potentially save lives. Until the next generation 911 provides the ability for those who are deaf to gain immediate direct access to emergency services, this pager system is an essential element which allows us to provide the highest level of service to the deaf community, in the interim.

Again, I would like to truly thank you for the opportunity to provide you with an example of an existing service designated specifically for the direct access of those that are deaf and need emergency services.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony and your efforts to provide direct access for people who are deaf or hard-of-hearing in your community. Thank you.

Next we are going to hear from Richard Thesing.

>> RICHARD THESING: Is it possible to give these to the panel?

>> JOHN WODATCH: Sure. Thank you very much. Go ahead.

>> RICHARD THESING: My name is Rich Thesing and I represent mobility golf, which is a nonprofit corporation with a mission to increase golfing opportunities for those who can't walk. Due to the limited time, I would like to focus on the objections of the golf industry, safety, lack of demand and cost.

As a disabled golfer, I'm very concerned about safety. Last year mobility golf became accredited by ANSI and started the process of developing safety standards for accessible golf cars. We should complete the process by the end of the year. We have on our committee internationally

recognized experts on golf car safety, and mobility device safety standards. Our committee also includes two golf industry representatives who appeared before you at earlier hearings and expressed their concerns about the lack of safety standards.

Lack of demand: First let me say that so-called lack of demand is not a defense to compliance with the ADA. For example, a restaurant can't refuse to put in a handicap bathroom, just because it hasn't yet had a customer in a wheelchair. That said, the lack of demand is due to three factors.

First, very few people know that accessible golf cars exist. The golf car industry has done no marketing.

Second, very few courses have the cars. Only about 5 percent of the courses. There are several states where not a single course has one. Would you learn to play golf if you could only play at 5 percent of the golf courses? Third, of the few courses that have the cars, very few let the public know. It is very rare that their website states that they have an accessible car. That goes for the courses that supposedly are part of this pooling arrangement. There is nothing on their website that would tell you, you could get a car on some kind of notice.

The bottom line is that there is not going to be a lot of participation until the courses get the cars, and let the public know they are available. Excuse me.

Cost: The costs of an accessible golf car ranges from \$6,000 to \$10,000. The average operating profit for a golf course is about \$180,000. In this context, the cost burden is very reasonable. However, there is a way to totally eliminate the cost burden and make a profit. First, there is a small business tax credit. Most golf courses have fewer than 35 full-time employees. Suddenly a \$10,000 car costs \$5,000.

You can see from the pictures I gave you that an accessible golf car is quite similar to a regular golf car. It is universally designed so that you can use it, and I can use it. Every day, at every golf course, regular golf cars are rented to just one person when a threesome or one of a foursome wishes to walk. There is no reason why the single-rider car could not be rented rather than the regular two-person golf car. This has two economic advantages. The car will get revenue every day, and one two-person car can be deleted from the golf car fleet. Now we have the cost of a 10,000 reduced to zero, \$5,000 tax credit and \$5,000 reduction in the cost of the regular golf car fleet.

If the car were rented for 150 days at \$15, there would be revenue of \$2,250 per year. So now instead of a \$10,000 expense there is no expense, and revenue of \$2,250.

I'll say a few words about pooling. Every day at almost every golf course, many golfers show up without reservations and are able to play. I personally play 50 times a year. My normal practice is to call in the morning I want to play, and get a tee time later in the day.

Pooling would require me to know in advance when I want to play, which often involves predicting the weather. Requiring disabled golfers to provide advance notice is discriminatory. I'll be commenting further on this in my written comments.

In June of 2008, DOJ in deciding not to issue a regulation on accessible golf cars, stated that regulations weren't necessary because existing regulations were sufficient. The reaction of the golf industry was to continue to refuse to provide accessible golf cars. If DOJ again decides not to issue regulation, disabled golfers will be forced to bring lawsuits all across the country. This will be a tremendous waste of money, time and effort.

In conclusion, as I discussed earlier, we are about to solve the safety standards issue and I have shown how mandating accessible golf cars can make money for golf courses rather than cost money.

According to the U.S. census, there are 12 million Americans who use a mobility device. We have the right under the ADA to play golf. Please help us to attain that right. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate you taking the time and bringing this information. We will add the information you provided to us to the record.

Our next commenter will be Patrick Finlen. Mr. Finlen, please proceed.

>> PATRICK FINLEN: Thank you for the opportunity to provide comments on behalf of the Golf Course Superintendent's Association of the America, also known as GCSA. My name is Pat Finlen and I'm a certified golf course superintendent and a member of the GCSA Board of Directors.

GCSA is the professional association for the men and women who manage and maintain golf courses in the United States. As golf course management professionals, we work to make golf accessible to all by promoting policies and practices that consider the needs and safety of all golfers; promote the growth and vitality of the game and maintain the agronomic integrity of the golf course.

Regarding question 14, there is no one size fits all approach to accommodating mobility disabilities. Effectively addressing the needs of the golfers with disabilities requires a multi-faceted approach comprised of

education for both golf course operators and golfers with disabilities. Facility programs and policies must be modified and golf course staff must be effectively trained on ADA requirements and customer service best practices.

Golf cars are readily available that are adaptable for the addition of hand controls and swivel seats. Kits to retrofit a standard golf car are available through adaptable equipment suppliers and some golf course product suppliers. Adapting standard golf cars is a feasible cost effective option. The cost to retrofit standard golf cars with hand controls is variable and ranges from 500 to \$1,000.

The number of golfers unable to play by walking who require a specific single-rider golf car is low. Research and survey data shows most golfers with mobility disabilities can play if the facility provides a traditional golf car with access to tees and greens.

Standard golf cars in use today were originally intended to help people with disabilities navigate the golf course without walking. In essence, today's golf cars are readily accessible to all but a small number of individuals.

These golf cars are widely available and comply with existing standards as established by ANSI and national golf cart manufacturers association. Currently there are no safety standards for single-rider accessible golf cars. We agree with disability advocates and others in the golf community that safety is an issue, that must be addressed with the same level of ANSI standards and regulations that exist for traditional golf cars. Standards and safety testing for all single-rider golf cars must be in place before any recommendation or determination is made regarding their future use.

Regarding question 15, the U.S. Department of Defense mandates providing two to three single-rider golf cars at each of the 150 military golf facilities. Survey data gathered from these courses show that there is very little demand for this type of equipment. Only 16 of the facilities reported their cars being used more than ten times per year. Most of the 150 facilities have received zero requests for the use of these golf cars.

More than 80 percent of these facilities proactively promoted and marketed the availability of the accessible golf cars to their customer base, based on this data and similar data gathered from other golf operations around the country, some of which you have heard today, single-rider golf cars are not utilized by most golfers with disabilities. For those golfers who do require a single-rider golf car, the facility can make one available without having to own the car.

The pooling of single-rider golf cars in areas of the country has been an industry-led proactive model that successfully accommodates individuals with disabilities. Golf courses should not be required to purchase and own single-rider golf cars because pooling and sharing of such cars is an accommodation that is working and working well. Through cooperation among golf facilities, any demand for single-rider golf cars can and is being met.

Regarding questions 23 and 24, almost all golf courses in the U.S. are considered small business entities. Mandating that every golf course purchase one or more single-rider golf cars when there is little or no demand for such equipment, would impose a significant economic burden on these small businesses. The price of these golf cars ranges from 8,000 to well over 20,000 depending upon technology and design. This is a significant expense given the demand for such equipment.

GCSA is dedicated to achieving the mission of increasing participation of people with disabilities in the game of golf, and supports wholeheartedly that through the game of golf individuals with disabilities can become actively engaged in the social fabric of the community as well as derive health benefits that improve quality of life.

Everyone within a community benefits from inclusion and quality of life improves for all citizens when all activities are inclusive.

>> JOHN WODATCH: We appreciate your participation with us today. Thanks.

Next we are going to hear from Susan Mizner. Welcome.

>> SUSAN MIZNER: Thank you. Good afternoon. My name is Suzan Mizner, and I'm the director of the mayor's office on disability here in San Francisco. I want to thank you both for holding these hearings here in the bay area, the birthplace of the disability rights movement, as so many people have already thanked you, but also for holding the hearings in such an organized and accessible manner. You have set a very good standard and provide a good example for us.

I'm going to comment briefly on all four NPRMs, the advantage of being late in the day is that I will just try to fill in a couple of gaps and reemphasize some of what you have heard.

But my main message is that the mayor's office on disability supports moving forward with all four of these proposed rules, and we are very confident that they can be implemented and implemented quickly, largely

because with the exception of next-generation 911, San Francisco is already implementing these requirements.

Taking them one by one, websites, our city, website while it is based on the Section 508 guidelines and WCAG version 1.0, is very eager to move forward with WCAG 2.0. We believe that is a clear standard that is well-known and flexible with technology as it evolves.

And I would respectfully but strongly disagree with my colleague Dr. Luciana Profaca who testified earlier today that we should grandfather in old websites, and not require them to be updated. I think she is confusing architectural access standards with communication access standards. And our websites are such an important living and dynamic entity, that is becoming so increasingly important in terms of the form of communication, that we can't grandfather in any websites.

We have one request from the IT department at, in San Francisco, which is that DOJ consider implementing WCAG 2.0 level A, and their interest is that in very widely-based web platforms, where we have one web platform but hundreds of people within the city that post to that web platform, they are concerned about being able to ensure compliance with double A or triple A. Nonetheless, as was testified earlier, we do a very good job of making sure that there is real-time captioning on media that is on the web, and we think that is a very important piece to include.

Moving on to movie captioning and video description, this isn't really a Title II issue, but, again, we have something that we have already, that is parallel that we have done in San Francisco which is require that in all public televisions that broadcast, in the bar upstairs, in the gym, in restaurants, that the captioning be on. This was required by our board of supervisors and we have had no complaints.

We really support the testimony that has come earlier in the day, in wondering what the concern is about just requiring opening captioning, for essentially all movie theaters. We do need to give a break to very small movie theaters that have old technology.

But, essentially all movie theaters all the time, that's what we need. I would echo Beth's support of audio description, Ken Stein in our office organizes a showing of super fest films at the ADA anniversary every year. And we have audio description and captioning for all of those. It's a very popular event.

Accessible equipment and furniture, again, we were able to install accessible scales and accessible exam tables, in all of our community clinics with essentially little expense, and we absolutely need your help with accessible kiosks. It's true we have had accessible ATMs but the airport,

John Martin, the head of our airport has been fighting with the airline industry for years to make them make their websites, their kiosks accessible.

We need your help there. Next-generation 911, that is the one thing we don't have. My short answer to all of your NG 911 questions about whether to include instant messaging, e-mail, SMS, real-time texting, video relay service is, all of the above.

We have heard from the deaf and hard-of-hearing community who don't use text well, and that video relay is very important.

So I will just close by saying that while we do feel we are in the most accessible city in the country, we recognize there are more, there is much more work to be done. If you have any problems while you are here, please call our office, 415-554-6789. Thank you.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony. Thank you.

And our next commenter will be by the phone and we'll be hearing from Soula Pulver.

>> SOULA PULVER: Hello? Am I on?

>> JOHN WODATCH: Hello, please proceed.

>> SOULA PULVER: Hi, this is accessible, under accessible equipment. The new so-called smart meters, are equipment that is not designed for people who have the disability called electro-sensitivity, nor for people who have implanted medical devices who must avoid Wi-Fi and RF emissions.

Utility meters are ubiquitous and unavoidable. Traditional utility metering equipment exists that can provide safe electrical and gas service. It should be required to be kept as an accommodation, and not changed for the new smart meters. Also, in all public buildings, traditional analog meters should not be replaced by wireless smart meters, which give off radiation that creates a barrier that people with electro-sensitivity cannot cross.

Now, about electro-sensitivity, also known as radio frequency sickness, which is caused by exposure to transmitted radio frequency radiation and electrical pollution, as a disability. Since this massive deployment of smart meters began in California this year, I have personally made the acquaintance of three people who were not at all electro-sensitive before their house had a smart meter put on it. And I have heard about many more cases just like this, people who never imagined such a thing could happen to them.

I urge you to recognize and address electro-sensitivity in the ADA. It is urgent and crucial that this emerging problem that is causing so much suffering be recognized. People are becoming electro-sensitive, because of smart meters, and there are also many people who already have this sadly unrecognized and therefore scorned and shaming condition, pre-existing, who have had it exacerbated by smart meters or who are trying to flee from the oncoming tsunami of smart meter installation. They are selling their homes and uprooting their lives.

I have met and talked with dozens of people in this situation in the past few months now. This is a real thing. It's a true physical disability. People's lives are being ruined. If they can get away from wireless radiation, electro-sensitive people are fine. But it is becoming impossible. The worst their electro-sensitivity becomes, some become unable to use a computer, and unable to communicate using modern technology.

Finding housing is a nightmare. People are becoming homeless. You can see video testimonials by Googling wounded by wireless, that's wounded by wireless. I know that you have already heard from at least one doctor who testified during the December hearing about electro-sensitivity as a true physical disability. There is science behind this, in spite of near nonexistent funding for independent studies. There are thousands of studies that show bio effects.

You can go to a website called prove-it dot CO. That's prove-it.co, not dot-com, to see a collection of studies. And please look up Sweden and the accommodations that Sweden makes for electro-sensitive individuals. That is an example to work towards. Again, finally, I urge you to add and recognize electro-sensitivity to the ADA, in the ADA.

It is urgent and crucial that this worsening problem that is causing so much suffering be recognized. That's the end of my testimony.

>> JOHN WODATCH: Thank you very much. We thank you for taking the time to be with us today.

>> SOULA PULVER: Thank you.

>> JOHN WODATCH: Next, we will hear from Luis Arteaga. Please proceed.

>> LUIS ARTEAGA: Thank you and good afternoon. My name is Luis Arteaga, and I'm director of emerging markets for the California emerging technology fund. The mission of the California emerging technology fund is to close the digital divide here in California by celebrating the deployment

and adoption of broadband to unserved and underserved communities here in the state.

We are going to be speaking about web accessibility today, lending our expertise on that issue. As you already mentioned our mission is to close the digital divide. First we had to address the issue of access. Fundamentally, we knew that we had to address the issue of lack of access for people with disabilities. When we first started to monitor polling and data looking at people with disabilities and access to broadband, what we found is that only 36 percent of disabled households had the technology at home. You have heard from many people today talk about, tremendous amount of benefits broadband provides and it's no surprise to anybody in this room that without it, life is fundamentally harder and different for you without that access.

We made people with disabilities a priority community for our investments. We are a \$60 million fund. If we were going to close digital divide, it had to happen among people with disabilities, low income urban poor, as well as rural communities of the state.

We are fortunate to now two years later, the data shows that 55 percent of the people with disabilities now have broadband access at home. Overall, it's 70 percent in the state. Clearly there has been some progress. But lots of room for improvement, if we are going to close that divide.

The other area that was important for us if we were to do this, was to address the issue of web accessibility and content. Not just for people with disabilities serving organizations but really all the different digital inclusion, computer centers, grantees that we were going to fund to ensure they would also elevate their importance of web accessibility and accessibility in general.

As a condition of our grant, of our grant funding, we require the completion of what is called an accessibility plan, and the plan covers what changes need to be made in the organization's program content, their website, their facilities, their outreach and communications, their technology, and their etiquette.

The plan then has the organizations determine the person responsible which is really important for any type of accessibility work, who is the point person going to be. But also, what the cost of those changes were so we didn't provide an unfunded mandate. We wanted them to lay out their plan to get a good glimpse of what it's going to take to be fully accessible, and then slowly and surely we will provide the funds to address some of those key changes that were necessary.

In order to provide the training, we reached out to the experts. So we have as some of our grantees, for example, the World Institute on Disability, and the Center for Accessible Technology, you heard Dmitri Belser speak earlier, as the consultants that will help these nonprofits community-based organizations improve their accessibility.

As I mentioned, it is a condition of the grants so if they do not complete the plan, there will be no funding. So far, 98 percent of our grantees have submitted their plans, as you can see, it's very effective. I don't know who the 2 percent are that still haven't. But clearly, if it becomes a priority, you can act accordingly and change will happen.

We are also proud to say that accessibility continues to be a priority with our two NTA grants that were given for us to expand the broadband awareness and adoption efforts that exist in the state.

We knew and the grantees now know that they need to increase their services to people with disabilities and they found they improve their services across the board not just for anybody, but the more you are conscious about the perception with the new audience, the greater, the quality of the services are going to be. That is what they found. In addition CTF as well as the Center for Accessible Technology sponsors the California digital inclusion awards.

What these are, are awards that are given to organizations that voluntarily work with center for accessible technology to improve their websites. We have seen, this is the third year of the awards, phenomenal changes in websites that are, that serve the public. So public agencies, nonprofit agencies, private sector industries, like Intel and Gap have provided -- participate in this voluntary program.

The Stanford Accessible Technology will be hosting the third annual awards on January 26, and this really is a tremendous showcase for web accessibility and really get to see how voluntarily industry nonprofits, government have made this change happen.

To sum up, web accessibility in order for it to continue to thrive and prosper, it has to be made a priority for the organizations. I mentioned having a point person makes the big difference.

Two is working with experts. There is lots of software, things that will test websites and things like that. And working with the center for accessible technology, we found they are good but not great. Working with the experts can really help you improve those website accessibilities, but also give you a roadmap of things you may not have the money to do.

Third is provide support.

Four is monitor progress, making sure there is progress being made along the way.

Finally to move this forward, to acknowledge excellence in this effort. To really see the before and after of web accessibility, it makes a big difference. Thank you.

>> JOHN WODATCH: Thank you for sharing what you have been working on in the community.

Next we are going to hear from Steve Sarrens. Mr. Sarrens.

>> STEVE SARRENS: Thank you so much. I wanted to say that the panel looks pretty alert, which is pretty phenomenal seeing that it's, what time, 4:05 or whatever it is. Love seeing the smiles up there. It's a pleasure to be here. My first name is Steve. Last name Sarrens. I'm from New Step out of Ann Arbor, Michigan. I had the opportunity to fly out here today. I'm here to speak to furniture and equipment, specifically exercise equipment, inclusional fitness for fitness centers.

Earlier today, we heard from Kristina Ripatti-Pierce, the LAPD police officer who is paralyzed from the chest down. She has been a spokesperson of New Step for the past four years. For those that saw her today, you saw a very determined young woman, but there is more to the story that I'm very familiar with.

Kristina Ripatti was an athlete before she was injured and she still is an athlete. In my dealings with her, and I've been to her home and seen her exercising on our product, the New Step. After 45 minutes of exercise, she was with a young man who watches her during the day, and I was inspired to do something. I mean, to watch her exercise for 45 minutes just using her arms, with her arms helping move her leg is truly inspiring.

Kristina is one of many extraordinary individuals, in a day; for her to get here that morning, it took her probably two hours to prepare to be here for the presentation so when you look at people like this, they are beyond the norm.

As someone who is able-bodied, I just couldn't handle watching her exercise for 45 minutes, doing nothing. So I, asked the 10-year-old in the room, would you like to have a push-up contest? So we did. And the young man did, I think 20 push-ups, which is remarkable for a 10-year-old. I went up and did 42. Not bad for a 50-year-old. I'm 55 now. I think Kristina got off the New step and said I want to take part in this. She got off the wheelchair, she moved her body with her arms to a core ball. She balanced her pelvic

area on the ball. I grabbed one leg. Austin took the other. She went ahead, pulled her arms out and did 52 push-ups.

There isn't equipment available in the clubs for people like Kristina. The integration of people like her going into the mainstream is only going to inspire able body people to do better. We are all here on the earth for a very short time. We are all going to get older. We are going to age, and we will eventually pass away.

But the key thing while we are here, we want to be the best that we can. There is recent research out, and one of the big fears is with cognition, and losing cognition. There is a quote, I read this actually just this morning, and one of the key elements to help cognition and even to help ward off Alzheimer's is something as simple as exercise.

It's the one pill that all the side effects are positive. It says here, physical exercise is one of the great candidates for helping cognition, simple aerobic exercise such as walking 45 minutes a day three times a week improves episodic memory and executive control functions by about 20 percent.

This sounds so easy, 45 minutes of walking. Think of the people that are not able to walk. In the industry, we need to provide, which we are, is equipment that enables people to walk in a seated position, and to provide the benefits.

For the panel sitting up watching the presentations all day, I bet an exercise break would help your reasoning and condition right now, you are experiencing what it's like to be in a chair all day long.

Movement is critical.

The way the state of the industry right now, we have been selling our products to physical therapy market, and the way it is now, the PT stays are very short. And so when people leave the rehab setting, they are sent home or maybe they go to a nursing home. Otherwise, people either go home or they have to find somewhere to do their rehabilitation. The rehab is not done.

The majority of people go home right now, and they don't do anything. All the gains they made in the PT settings disappear.

We are proposing an initiative to make a requirement that there is equipment that is inclusional, and that means able-bodied or people with physical impairments can utilize the product. In that case, when people go to the clubs, as they work out, they can increase their physical functioning, rather than decrease.

I can go on and on this. Another specification was on obesity. And I would consider that another disability. Of all the disabilities, even people in a wheelchair look down on people with obesity. It is important to have equipment that is -- has a weight capacity of 600 pounds, and is easy on the joints. I could go on and on. I know the red light went on. But I appreciate the opportunity. I hope there is more times to discuss this. But I think this will make a -- it will help make our country strong in the future if we provide inclusional fitness equipment. Thank you very much.

>> JOHN WODATCH: Thank you. We appreciate you coming to San Francisco today to share your testimony.

Next we are going to hear from Jessie Lorenz.

>> JESSIE LORENZ: My name is Jessie Lorenz. I'm the associate Executive Director at the Independent Living Resource Center, San Francisco.

You have an opportunity today to help bridge the digital divide. Today I'm going to talk a little bit about access to technology, including technology which exists in the built environment, and access to exercise equipment.

Let me start off by telling you that I'm having a baby. And I'm telling you that because one of the things that's come up as I've received care from my Title III healthcare provider is an on-line messaging system, in which my doctor and I can communicate with one another. I can type messages to her. But when she types messages back to me, it comes back not in text that is readable by my screen reader, but in a text that is actually an image. I don't think my Title III healthcare provider wants me to repost what she says on my blog or something like that.

Nonetheless, what that means is that all of my private personal conversations that I'm having with my healthcare provider have to be read to me by someone else who can see.

I don't know if any of you have ever been pregnant before, there is a lot of funny things that happen to one's body. It's unconscionable and also a little embarrassing that I can't get that information independently, and by myself.

I also want to talk to you a little bit about destination dispatch elevators. I know that my friend Walter Park was up here speaking about this earlier today. I know that Mr. Park and myself have submitted information and comments on this issue to your office. Destination dispatch elevators are the next generation of elevator technology. Right now we are seeing them in San Francisco, New York, a couple in Washington, D.C. and in Toronto. But it won't be long until these are rolled out around the country.

We have worked with the industry to develop standards that allow people with all types of disabilities, including those experiencing vision loss, to use destination dispatch elevators and I urge you to study this issue because the train has left the station, and the regulations need to catch up a bit.

I encourage the Department to move away from 508 standards, as 508 compliance standards really have not kept pace with the dynamic, ever-changing world of technology. The standards that I would recommend you endorse should you be looking to create something that is standards-based, are the web content and accessibility guidelines level 2.

Technology access is crucial to full participation in society. Some companies have done a really good job doing what most people thought, what people used to think was impossible. I'm holding in my hand an iPhone with a flat touch screen panel on it.

When this iPhone was released on June 19, 2009, I was able to leave the Apple store completely able to use the features on this phone. I'm completely blind. Apple decided to go that extra mile and make their technology accessible to individuals experiencing vision loss. Other companies I believe because the regulations do not require it, in a stringent enough manner, other companies such as Google have kept people with disabilities particularly those with vision loss out of the marketplace. The Android platform and Chrome browser are not accessible. I'm hoping that as part of these hearings and these discussions, you can help remedy some of the digital divide that the people are experiencing right now.

Technology access is crucial for folks at all levels of our society. But as is access to gyms and fitness equipment, people with disabilities deserve to be able to access treadmills and machines within the gym. That includes products that have audio output for treadmills and it also includes taking into consideration path of travel requirements inside fitness facilities for those who use mobility devices.

You have an opportunity here, you have an opportunity to send a message to people with disabilities that says you belong. You belong in all aspects of society and the only thing that should stand in between you and the height of your achievement is your ability to work hard and your willingness to dream big. Thank you very much.

>> JOHN WODATCH: Thank you very much. We are delighted to have you come and testify and we wish you much joy and happiness when the baby arrives.

>> JESSIE LORENZ: Thank you.

>> JOHN WODATCH: Is our next commenter going to be via videophone? We are going to hear from Patricia Brantz.

>> PATRICIA BRANTZ: (through interpreter) Hi. You want me to give my name? I am Patricia Brantz and I reside here in San Diego. Should I go ahead with my comments?

>> JOHN WODATCH: Please do.

>> PATRICIA BRANTZ: Yes, my comments regard movie captioning. There is several different techniques that are used to achieve this. There is what we call black box captioning, basically subtitles that is used for most foreign films. There is also open-captioning, OC, which is the whole audience will be able to see the, it will be integrated with the rest of the audience. You have RWC, rear window captioning, where you have a device where you can see behind you and see the captions there.

I think closed captioning and black box captioning you need to look up and down, but it's acceptable.

Later, with open captioning, similarly, it had to be, with the open captioning, you had the black box, that was the old technique. Now they have changed to the integrated captioning, which is very nice but the down side of that is that it's, the background, it might make it difficult to see the actual words across the screen. It is not as clear because of the background. If they are in yellow, for example, you can't see. If it's dark, you see it fine but if the back ground is light, it's frustrating, we can't read the captions as easily.

Now, my first choice is open captioning, where the whole audience sees the captions. Or rear-window captioning. The first time I saw that, I went, I felt after a while a little funny about it.

You had good, you have to have good guest services. Before they had better services about the equipment and helping get it set up and getting it positioned accurately. But now, I find that a lot of people are taking aback, taken aback by it. It is hard to find the right positioning for it.

You have to find the correct seat in the house. You have to come early, if you don't come early, it doesn't work out. It's inconvenient. With rear-window captioning you sometimes have to let them know, you don't have a choice of the week or, you do have a choice of the time you can come, but with open captioning you don't. It is very limited in terms of your time opportunities.

You might only have it out of four or five days one evening or something at a specific show, or specific time of day. Early morning or late at night sometimes. It is not convenient for us.

Open captioning is my first choice. It's just the issue is the scheduling with that and the limited time availability.

That is basically it. I think that covers my comments.

>> JOHN WODATCH: Thank you very much. We appreciate your taking the time to testify today and give us your views. Next we are going to hear from Karma Quick. Please proceed.

>> KARMA QUICK: Good afternoon, ladies and gentlemen of the panel. It's a pleasure to be here today. My name is Karma Quick. I am currently affiliated with the National Association of the Deaf Civil Rights Committee; I'm also proud to be the president of the Board of Directors for the Independent Living Resource Center for San Francisco. I'm also an alumna and a mentor to those serving on the National Association of Law Students with Disabilities. With that said, I fully 100 percent support the position of the National Association of the Deaf on the movie captioning. I fully agree that 100 percent of the movies being shown in theaters should be captioned, and I fully support mostly rear window and also support some of the movies be shown open captioned as well.

In fact, with regards to that, a friend told me last night that in San Francisco, I can find two theaters in this city that are captioned and that is progressive. My thoughts, that's progressive in a small town in Iowa. Progressive in San Francisco would be 100 percent of those theaters being captioned.

Moving on, I'd like to discuss some accommodations and medical facilities for people who are deaf and hard-of-hearing. There must be absolutely any kind of captioning, video relay services, voice over Internet phone services and remote relay and interpreting services available for people who are deaf and hard-of-hearing, in emergency rooms and doctors' offices and in outpatient services.

It is incredibly important that we have these resources and accommodations available to us, because one word being left out of a sentence changes the entire meaning of what is being said. And that is absolutely critical when diagnosing a patient, when a patient is giving the doctor his or her symptoms, or when there is an emergency situation, and action must be taken immediately.

Without these accommodations, there is such a high risk of a misdiagnosis and mistreatment or even death, and I can tell you that the Department of

Justice, your office, in the time span of fewer than three years, settled over 30 cases with medical facilities regarding the misdiagnosis, mistreatment and deaths of individuals who are deaf and hard-of-hearing because they were not granted their accommodations as requested in these situations.

I'd like to also discuss court accessibility. It is a fundamental right to access courts for all individuals in the United States. This is a right that is given to us by our constitution. Under Title II of the Americans with Disabilities Act, we have an absolute right to effective communication. Of course, as you all are aware, under Title II of the ADA, an ADA coordinator is required for all state and local entities.

I understand that these regulations require some sort of regard, some sort of equipment or functional purpose or what have you. But in terms of a state entity, before these equipments and furnitures can be given, you have to have an ADA coordinator at times who knows about these equipments and about these pieces of furniture and how they work with people with disabilities who are requesting them.

That means that these ADA coordinators also need to be trained. I can tell you from personal experience in the court system, as a law school graduate and someone who has been frequent, in frequent court proceedings and situations, I have had much difficulty getting my accommodations in courts, because of my communications with an ADA coordinator who is untrained.

Also in light of ADA Title II, the words "effective communication" mean a great deal. And effective communication is different in a doctor's office, when you are getting the flu shot, compared to when you are in the emergency room. I would strongly encourage this panel to look into finding some stronger wording or redefinition of effective communication, in these regulations that differentiate the particular conditions in which effective communication is used, because an entity cannot extrapolate the same meaning in a flu shot as they can in a cancer operation.

With that I would also like to finish my testimony by saying the deaf and hard-of-hearing communities wants TV monitors in gyms, banks, bars and restaurants to have captioning on those TVs. In San Francisco we are incredibly fortunate to have a city ordinance that already requires this. However I believe we are incredibly unique in that situation.

If I can simply add that captioning on YouTube, Hulu, and on certain network TV websites such as NBC and ABC, we also have difficulty accessing those TV shows as well. Thank you very much for the time and opportunity to present this to you.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony today.

Next we are going to hear from Constance Barker. Ms. Barker, please proceed.

>> CONSTANCE BARKER: Thank you. My name is Constance Barker. I'm president of the Environmental Health Network of California. We are a 22-year-old nonprofit-based in Marin county just north of here and we provide support advocacy and information to the chemically and electrically injured.

I believe that earlier in the day, you have heard from a few of my colleagues, including Susan Molloy, most probably, and Sandra Ross, PhD, and Cindy Sage, all of whom have spoken both generally and specifically about the need not to neglect and to for once include the parameter of indoor environmental quality in any and all access considerations. I don't want to rehash what they have said. And you will be receiving from us some very extensive and specific comments shortly.

Instead, what I'd like to do is provide you with a couple of very specific examples of the kind of impact that this sort of thing has. In addition to being a person who is chemically injured, although blessed now, quite recovered due to a little miracle call the ecology house which I would love to tell you about sometime, I'm also at this point in my life a full-time home care provider to my ill spouse who is decidedly not recovered from these illnesses and has been getting worse. In the last three months we have had three hospitalizations, two in life threatening situations.

One of the things that I believe has been mentioned to you is the guidelines on page 44, where it discusses normal maintenance, reroofing, painting or wallpapering, not being considered to be changes unless they affect usability of a building or facility.

Well, I can tell you that when my partner was in the critical care unit at Marin General Hospital recently, suffering from a double pneumonia and sepsis, and very much in danger of not surviving, one of the things that happened while we were there is that normal routine maintenance was performed on the building, and they began painting right outside of her window.

At the time that that began, she had pulled fairly far out of the bottom of this hospitalization, she was off of the breathing machine, she was breathing on her own again, with some oxygen. But when that painting resumed, she started to go back downhill.

I'm on the county health commission. I pulled every string I could. I called everybody I knew who I thought might be able to shake some tree and get

something to happen. We did eventually get an air cleaner in the room and they did give me permission to use some painter's tape and to tape up the little cracks in the windows, the little places where tiny bits of air get in. And that did make some difference.

But she still, she plateaued at that point and never did quite get as better again as she had been at the point where the painting had begun. After a couple weeks, they released us home assuming she would not get much better and that this was just permanent. Well, slowly at home she went back downhill. A couple weeks later, we found ourselves back in the hospital.

This time, we were put on the other side of the same ward where there was not any painting going on. After four days on antibiotics in that ward her lungs cleared completely, and she came back home.

Now, I cannot strictly quote-unquote, prove this. But it seems to me that we had a whole second hospitalization here that would not have occurred, that was unnecessary, except for the fact that she was unnecessarily exposed to these paint fumes. These are the kind of things that we are talking about.

It is not just our civil rights here, not that our civil rights are not important. They most certainly are. But by the time you are disabled by something like this, you are living on government assistance on every level, including for your healthcare. She is a medi medi person. That's tens of thousands of dollars that the taxpayers paid for a second hospitalization that could have been avoided. It's just not good.

The second thing I will tell you about is the medical equipment involved. She had to be on breathing machines, biPAP machines, things like that, every single one of those machine has tons of plastic on it, all the air has to go through the plastic. She had to be fed through a tube that is plastic. There is very few requirements about out gassing. You don't look at the VOCs that are coming off those kinds of things. That is just a couple of small examples that I can give you, I can give you more but they are on my mind because they are what I've lived through personally in the last couple months. And anyone who deals with the critically ill person with chemical sensitivity would have similar stories for you where we would impact the healthcare system.

The broad recommendation is to look at the work that the access board did on indoor environmental quality, the Nibs website that I'm sure you have heard about. It was extensive, well vetted by our community and absolutely worth your consideration and attention on every level. Thank you.

>> JOHN WODATCH: Thank you very much. Thank you for being here today.

Next we are going to hear from Sister Ann Rooney. Sister Rooney?

>> SISTER ANN ROONEY: I want to thank you all for your patience, listening to all of us. We all want to be heard, especially the difficulties we have been experiencing in daily life. My name is Sister Ann Rooney, I'm a proud member of Hearing Loss Association of America, formerly known as Self-Help for Hard-of-Hearing.

Hearing Loss Association had been assisting for over 30 years; I'm the president of the California state Board of Trustees. I want to give you a quote that I think is really important that will help people understand a little better what hearing loss is. And that is, captions for the hearing loss person is functional equivalent as a ramp is for a wheelchair user. We all know what a ramp is; we all know what a wheelchair is. But we don't know what the hearing loss people go through.

We can be in an audience, we are there, we don't understand the words. I can't tell you how thrilled I was to see so many captions around here. It's thrilling to be able to see the words as well as to then understand of the words. Many times we hear the word but don't understand the word.

But Hearing Loss Association of America organization assists about 30 years, we've (inaudible) 30 years; it's mostly an organization of advocacy and education not only for the hearing loss person, but for hearing people. And that's really important.

Also, another thing we are trying to do is audio looping, different rooms, so that the person can understand the words better.

The board does far more than what the following I'm going to say. We do health fair, support chapters, we have 26 chapters in California, we recently started the walk for hearing event. And all these things are, we are trying to educate people, we are trying to let people know that there are many, there are 36 to 38 million hard-of-hearing people. We want people to know that there is more than hearing aids for them. We are working with teachers in classrooms, we would love to have plays on. And helping -- trying to help the Viet Nam, the veteran people when they come back. One of the things they do, because of all the loud noise, they have lost their hearing. And once you lose your hearing, you cannot recapture it.

I would love to see if DOJ can do something about these iPods. The volume is so high, these young people are going to lose their, what happens is they lose their hearing gradually. Once they realize they lose their hearing, it doesn't come back. If there is some way we can limit the volume of some of these iPods and whatever other equipment people use.

Carrie mentioned a lot before me. We would certainly like to have captioning in movies. As some people have mentioned before, we wait until they come out in video. We would like to be among people that go to the theater and able to see the movies as other people do. By the time they come out, people have stopped talking about them and they talk about something new. We are always behind. We like to be with the mainstream of people.

I certainly hope that we go through the full 100 percent, not 50 percent, not five years from now, but today, as soon as we can, because we have -- how do I say it -- we are not forceful enough and I hope this department can help us to achieve what we need in order to maintain mainstream.

I also would like to see, okay -- let's see. I want to state this for a fact, there are more people hard-of-hearing under 60 years of age than over. There is a misunderstanding that most hearing loss people are over 60. There are more under 60. I really would like to emphasize this, that what we are doing with the cochlear implants and hearing aids is amazing to see these little ones talk.

I saw a little girl who had a cochlear implant, and she was around two or three, and I asked her mother how she is doing. Her mother says, she hasn't stopped talking. For someone who never heard a sound and now she's talking. Technology has done great, but we need more and we need more effective technology.

I really want to thank you all for being here and patiently listening to us.

>> JOHN WODATCH: Thank you very much. We appreciate your testimony today.

Next we are going to hear from Mary Lawrence. Ms. Lawrence, please proceed.

>> MARY LAWRENCE: Yes, I am a resident of a low income senior house in Oakland. What I have to say is very brief, but I think it's very important. I heard about this meeting for the first time last Friday afternoon. So I did not have much time to prepare. And it states that you wish to know what furniture and equipment would be helpful to those of us with disabilities. All the things I heard about would be wonderful things and we would be happy to have them but they are not going to fit into a place which isn't big enough, as my studio apartment. It is 14 by 14 including kitchen, bathroom and everything.

Please pass the word to builders and anyone you know who is interested, that we need all one-bedroom apartments in both HUD and private

apartment buildings, no studios. Then we will certainly accept your offer of equipment suited to modern life. Thank you.

>> JOHN WODATCH: Thank you and we appreciate you taking the time to come and give us your testimony. I can tell you we have been through three hearings. That is the first time we have heard that. So welcome.

Next we will hear from Maya Cain.

>> MAYA CAIN: My name is Maya Kane. I've lived in San Francisco for 47 years and 31 of them in the same apartment. I'm a graphic designer and cultural exchange director. I'd like to list some of the health problems that are caused and exacerbated by smart meters.

For 30 years I had my tiny office, apartment office in one place, and it's across the street from a MRI hospital. It is 30 feet from the N Judith electric train going by outside that went outside the window 25 feet from a power pole. I was never an electrically sensitive person before. I was actually quite healthy.

Unknown to me, on the 30th of October, 2009, a smart meter was installed for one of my neighbors. Not even for my apartment. I began having terrible insomnia. I had less and less energy every day. I thought all these problems for a while was related to the insomnia. Then I noticed that I was a little bit dizzy all the time. Then I had strangely localized head aches. Then I thought that I had really horrific memory problems. It became worse and worse to the point that I finally could not even remember the most common words, and I couldn't speak. I couldn't spell. The speller on the computer said it was one thing. It looked just fine to me. It was really worrisome. I still thought that it was insomnia.

Then, this is the main thing about this condition that it was not mentioned in the big long article in the Chronicle, is that this is a very cumulative condition. It is a very slow cumulative thing. All these symptoms started slow and get worse. I noticed my hair was thinning quicker than before. The dizziness and memory problems were much worse, slowly worse. Then I started noticing that my face, if I happen to be in the bathroom, happen to look in the mirror, my face was bright, bright red. I knew that it was not the insomnia by then.

By absolute pure chance on Pacifica radio, the program is called Your Own Health and Fitness, Layna Berman, I just happened to hear her read a list of health symptoms caused by smart meters. I heard it. I ran downstairs. I noticed that one smart meter was 7 feet below the head of my bed.

It took me -- what I did after that, I got, I sent e-mail to her. She put me in touch with the EMF safety network in Sebastopol, and they helped me to get this smart meter taken out on the 3rd of March. I'm the only second person that has ever had one taken out.

After I found out what the cause was, but before they took it out, I was trying to avoid being near the smart meter, I was out on my porch potting a plant for half an hour one day and stood up and I couldn't walk. I was staggering. That is when I realized that my fuses had been blown, and I was fried and that I was now -- that actually I was close to the power pole, which was very close to my office, which meant I have lost my office now. Okay.

Here is another thing. My garage is occasionally used as a neighborhood theater, and one of the directors came by, upstairs, to tell me one time that as a person who never gets headaches, that he could not figure out why lately whenever he was in the garage, he got terrible headaches. Okay.

The process of getting the meter taken out was absolutely a bizarre experience with PG and E. They lied to me so many times. Three different lies to the same questions. They finally took it out. One of the things is, they told me they would send somebody to the apartment -- oh, gosh -- what you need to know is that it's cumulative and PG and E will tell you that they have permission to do this by the FCC. And that the frequencies are so low, they couldn't possibly cause health effects. But in fact, if you go to Cindy Sage's article, public health, implications of wireless technologies, it says on page 5, paragraph 2, that the lower the frequency, the more health effects. Okay?

I don't understand why they are -- why the government is allowing this, because ELF's have been used as a weapon by many countries, and I really can't understand why the U.S. is allowing these companies to radiate the entire population. What they did is swapped out my meter to a hybrid. The hybrid, they are going to throw all the switches on all the hybrids very soon, and many other people are going to be feeling the same way I was. Thank you very much for listening.

>> JOHN WODATCH: Thank you very much for coming and telling us your story.

Next we are going to hear from Ben McMullen.

>> BEN McMULLEN: Thank you. Good afternoon. My name is Benjamin McMullen, I'm a systems change coordinator at the Center for Independence of the Disabled located in San Mateo, California.

I would like to thank you for the opportunity to comment on places of public accommodation, equipment and furniture.

As we enter a new era of progressive, modern technology, we have seen more and more machines being utilized that had not even been thought of at the time of the passage of this groundbreaking legislation known as the Americans with Disabilities Act. Technology has made life much more convenient for countless numbers of Americans around the country today.

Technology touches our lives in so many ways, including using it when we travel, using it to communicate with each other across town, or across the country and even the world. We are also able to make purchases over the Internet and so on. In addition to being the professional advocate for people with disabilities, I'm also one who has lived with cerebral palsy since birth.

As a result of cerebral palsy -- as a result of cerebral palsy I've never experienced the convenience of driving. I have always had to depend on public transportation to get from place to place.

In addition to this, I have been one who has grown up flying as a result of having an extended family living in various parts of the country. While traveling has never been, has always been a bit difficult, I have always seemed to make it work out by the request of the wheelchair, to quickly navigate the airport, or asking if I can be allowed to pre-board in the case of the large volumes of people.

Once I moved from the rural South to the urban North, I became a more frequent traveler by trains. Train stations always seems to have high volumes of people one time. They did not help with the ease of getting from ticketing counters to train terminals.

As technology developed, we saw the emergence of kiosk machines. By and large, these machines worked wonders for the common traveler, and heightened the productivity in both airports and train stations. The trouble was, the airports and train stations became so reliant on these machines that they left behind a sector of travelers, those being people with disabilities. The problem was always a source of aggravation because I had to basically prove to the person behind the counter that I was unable to use the machine. I often found myself asking for help, which led to the person behind the counter explaining to me how to use the machine.

I would respond by explaining, my knowing how to utilize the machine, but my difficulty and the physicality of the process. My lack of manual dexterity made it difficult. I would often be instructed to a line where a ticket agent could process the ticket the old-fashioned way. This would require me to stand in very long lines. Eventually, after negotiating, they agreed to provide

me with assistance utilizing the kiosk machine. My time is limited so I'll wrap up.

>> JOHN WODATCH: You can continue for another minute if you would like to finish your train of thought.

>> BEN McMULLEN: Okay. I firmly believe, I have another example in a train station here recently that you all can read later. But I firmly believe that my friends with disabilities and I should not be subjected to long lines just based on our disabilities. Or the struggle of using machines with such difficulty.

We should be given the same right as anyone else to expediency. My first suggestion would be the airport or train station could designate an employee to assist travelers with disabilities, to use kiosk machines. This could be accomplished with little to no cost.

Another option is that these machines could potentially be voice-activated, where individuals could provide their ticketing information verbally into the machine. Lastly, the screen could simply be enlarged, allowing more surface area to work with. For example, I have a tremor which makes preciseness difficult. The larger an area is, the easier it is to touch and therefore select a choice.

I hope these three options that I have laid out can be used as a base for exploration which can lead to finding ways to make this process easier for people with disabilities. I would like to thank the Department of Justice for holding these hearings on such important issues. The Americans with Disabilities Act has done much to put me where I am today. It is our responsibility as Americans to work together to ensure that we keep this important piece of legislation current with times as they evolve.

Again, it has been my honor to provide testimony to you today.

>> JOHN WODATCH: Thank you very much. We appreciate your taking the time to come here and give us your testimony. Thanks.

>> BEN McMULLEN: Thank you.

>> JOHN WODATCH: And next we are going to hear from Joseph Partanski, who has had incredible stamina because you registered early today and have been sitting here listening to the testimony throughout the day. We appreciate your willingness to stay to the end of the day with us.

>> JOSEPH PARTANSKI: My pleasure. I'm going to talk about a need for the Department of Justice to be more proactive, more collaborative and

more able to, willing to enforce many of the things that have been talked today, particularly your new regulations. I have a particular message for Mr. Tom Perez and I appreciate if the counsel pass this on and you will get a contact in a minute.

I urge that the -- you look especially to study enforcement regarding each of the regulations that you will be putting forth. Issuing is not the same as enforcement. If published is one thing. DOJ should have a parallel staff, enforcement guide. In other words, whatever regulations are, of course existing ones, to have something that parallels that says, hey, how do you enforce it? What is the way? Who can do it?

And from the standpoint of collaborative, let alone proactive and let alone enforcement, I would think that some of these same guidelines for enforcement could be shared with local and state jurisdictions, who may also be interested in trying to enforce regulations in a way that might mediate and minimize your involvement from the standpoint of the Feds, keeping it down to local level. If you have some good ideas for enforcement, for your own staff, share it with the states and share it with the counties and local folks too.

Please give detailed observation to the suggestion presented by Mr. Richard Skaff, Mr. Walter Parks and Miss Bonnie Lewkowicz. These people are jewels, national treasures if not more than that. I really respect them. In fact, Miss Bonnie Lewkowicz is modest and didn't even show and tell you that she is the compiler with a team of wheelchair riders guide to the San Francisco Bay Area and nearby, and with the coastal commission, it's available on-line, both Northern California which is this copy, and Southern California for the website www.scc.ca.gov.

For activist issues that may come up later, my name is Joseph Partanski, I'm at accessjoep@yahoo.com; I teach a 12 hour course in accessing government information for advocates of various types as well the whole area of disability of access issues. I'm going to give two copies of this guide by Miss Bonnie Lewkowicz and let you know that her survey that she was modestly, just barely mentioned, I believe was one of the bases of the surveys of all the state parks in California that was sued; I think you may have been part of the case (inaudible), but anyway several years ago and Bonnie's efforts towards outreach for education, my county and city parks person was invited five years ago to one of her training sessions. We had one person from the national parks show up, to be part of the audience, what have you. My urging regarding enforcement is, hey, where are your own surveys of your own national parks and other related federal agencies?

There is a difference between having a judicial Attorney General kind of focus and having a real advocacy for the disabled federal-wide. So from the

standpoint of the issues of training, and outreach, to the extent that you not only train your own staff but have all federal agencies who have, possibly neglected to identify their ADA coordinators and from the standpoint of the new regulations, please have an outreach to all federal agencies to make sure that your federal regulations as modified are getting out there in a meaningful fashion.

From the standpoint of the agencies, I particularly like to emphasize the Bureau of Prisons. As you probably know, your publication that summarizes the various federal laws for disabilities and one of them is the institutional situations, institutionalized laws which include mental hospitals and prisons and I'm in a situation where I've been attending the California Council on Individual Offender for the last two years as an observer and, let me tell you, the State of California, and other states probably likewise, may have a department of rehabilitation but they'll say, "Hey, we are responsible for providing technical assistance to state agencies. We are not responsible to you as a citizen for advocacy. We are not responsible unless I ask," what have you.

When you ask, is there somebody, advocacy for the disabled in the State of California for the ADA coordinator for the state, there is no ADA coordinator for the state. Where is the point person to be held responsible and an advocate for the (inaudible) and disabled at the ADA? That is something applicable for 58 counties, 476 cities, and there have been very few ADA coordinators. You can almost count on your hands in the State of California with 40 million people.

Somewhere along the way, the issue of advocacy and disabled enforcement, from the standpoint of the federal level, regarding where is your ADA coordinator for the Feds, I have a nice impression. Follow the advice of the president. But from the standpoint of the Department of Justice, you are not the ADA advocate. Consequently, I strongly recommend that you get a person like or status like the drug czar for ADA. That person is not an advisor to the President. That person is responsible for advocacy throughout the whole agencies. Department of Justice has not that role. You have demonstrated that in various ways over the years.

I strongly suggest, and Mr. Perez, this is a publication of the Department of Justice. It reads, ADA, know your rights, returning service members with disability. I took this to the Congressional office of the VA, back when we had had a birthday party for the ADA in July. They had never seen it nor heard about it.

When you read this on the ADA, know your rights, returning service members, there is not a single reference to the VA in the whole thing. From the standpoint of the cooperation and follow-up, I strongly recommend that if

you have some way, shape or form have any revisions, that you talk and share with the VA because it's not there. I strongly recommend to Mr. Perez, if at all possible, to have a liaison with the Bureau of Prisons and the other federal agencies and have them noted so that once we as an advocate outside can say, hey, this is a lead person for the Bureau of Prisons, this is the lead person for the VA, you ain't got it, and we don't have a Presidential statewide national ADA advocate in your office.

>> JOHN WODATCH: Thank you. I can at least tell you in terms of that brochure, since it was done by our offices, that we have reached out to the VA and are having it distributed through their offices, and are working with them to try to get the information that is in there disseminated, so that veterans, particularly veterans who are returning now from the wars in Iraq and Afghanistan, have access to information about their rights as people with disabilities.

>> JOSEPH PARTANSKI: In July, they hadn't seen it. I gave them copies, on your behalf.

>> JOHN WODATCH: I appreciate that. Thank you.

>> JOSEPH PARTANSKI: Copies for yourselves. Thank you.

>> JOHN WODATCH: Next we are going to hear from Mr. Frank Welte.

>> FRANK WELTE: Good afternoon. Earlier this afternoon, you heard from Mitch Pomerantz, the president of the American Council of the Blind. I'm speaking in behalf of the California Council of the Blind which is the California State affiliate of ACB.

Since 1934, if California Council of the Blind has been working to improve conditions for people in California who are blind and visually impaired.

First let me turn to the issue of website accessibility. CCB is working for more than a decade in the area of website accessibility. Again you heard earlier from our attorneys, Lainey Finegold and Linda Dardarian, and over the course of our participation with them, we have had a great deal of success in making a variety of websites accessible, such as making websites, credit reporting websites, and various retail company websites. This has taught us an important lesson which is that website accessibility is both readily achievable and does not constitute an undue burden for organizations.

We think it's important that the ADA standards should follow the worldwide web consortium's ADAAG standards and also they should consider relative

laws such as the section 255 and the recently passed 21st century Communications Accessibilities Act. These are important standards.

Also though, that the Department of Justice should allow the standards to be sufficiently flexible to address the changing web technologies that will occur in the future.

In my previous life, I was a website tester. This taught me that most website accessibility problems can be addressed by the use of properly developed website html coding, and that website accessibility is both readily achievable and it is also inexpensive.

Also, there are a variety of website accessibility testing tools that are readily available to assist website developers in making their sites accessible. Many of those tools are free.

One practice which has happened in the past, is that organizations have tended to create secondary text-only websites to provide what they thought was accessibility. We believe that such practices should be discouraged because as I've just said, making standard websites is, accessible is readily achievable, and therefore having secondary text-only websites is not necessary. In addition, we found that organizations that try to maintain text-only accessible websites tend not to keep those websites current, and they end up being less accessible than standard websites.

Turning to the issue of captioning and audio description, CCB is very much in support of stronger standards to require theaters to provide live and motion picture audio description. Indeed, all of the efforts that have been done making theaters physically accessible are incomplete, especially for people who are blind and visually impaired and hearing-impaired, until such time as there are stronger standards for captioning and audio description.

Turning to the issue of updated 911 services, to the extent that enhanced 911 services include text and video components, they need to be developed in such a way that they are accessible to people who are blind and visually impaired. And just with one more sentence, regarding the issue of equipment and furniture, we believe strongly that standards need to be in place to allow -- to require that kiosks and point of sale terminals should be accessible. Our work in making ATM machines and point of sale terminals accessible here in California shows that these technologies are readily achievable.

Thank you.

>> JOHN WODATCH: Thank you very much, Mr. Welte. We appreciate your testimony today.

Next we are going to hear from Jo Anna Frugali. Ms. Frugali, please proceed. Thank you for sitting out for the day with us. We appreciate it.

>> JOANNA FRUGALI: No problem. Good afternoon, ladies and gentlemen of the panel. First of all I would like to thank you for coming to San Francisco. It's a rare opportunity for us to be face-to-face and speak to you. I also would like to commend you on your patience and perseverance today, through all the difficult, various environmental temperature changes, and the multiple topics. You have quite the job cut out for all of you, since you have heard so many, so much testimony not only from San Francisco but from the other sites you've been, that give you oftentimes conflicting advice, and conflicting instructions.

So, I would like to take the next couple of minutes to share some of my personal observations and experiences with you and try to tie everything together if I may.

My name is Jo Anna Frugali, and I'm the deputy director for programmatic access at the mayor's Office on Disability here in San Francisco. You have heard previously from Susan Mezner, our director, about all the great things the City of San Francisco is doing in terms of access. But I'd like to offer a little bit of my personal perspective. Being able to comment on the proposed updates on the ADA and the next generation of the ADA this past year is kind of significant.

I was not, I am not a naturally born American citizen. I grew up in Greece. And I first entered the United States barely a month after the ADA was first signed into law. I'm here before you today to comment on the new generation of ADA regulations.

As a person growing up in Greece, I was the first disabled person to go into mainstream school. I'd never had the opportunity to be included in any aspect of social life. So when I came here and there was such a thing as civil rights for people with disabilities, it was a strange phenomenon.

However, what I've begun to realize by spending several years and seeing and living and working in the United States and reaping the benefits of the ADA, I also realize that the ADA of 1990 opened the door and let us into the buildings. But really, didn't integrate us enough.

What is becoming so exciting with this new proposed regulations that you are considering is that we are taking the next step for saying that we don't just want entry into the door. We don't want for you to just let us in. We want to be included.

More specifically, I want to talk about furniture, non (inaudible) furniture and equipment, partly because in the first generation of the ADA, those were not covered. But as a person with a disability, I have had a very paradoxical relationship with the medical profession.

You would think that all of us, especially those of us who have grown with having a disability, we are very accepted in the medical world because we spend a big part of our lives there. But when you go to a doctor's office, and you have to be examined in the hallway because, or with the door open, because the room is not big enough to accommodate someone in a wheelchair; or as a mother, if you are taking your younger, as a mother in a wheelchair taking your younger child into an exam room for a shot and you are not able to be near them comfortably, because your wheelchair doesn't fit in.

But most importantly, trying to access medical care equipment, accessible exam tables, or even hospital tables -- hospital bedrooms. Several months, several years ago, I had an experience where I was in the hospital for an extended period of time, and during that time, I was never able to press the call button for a nurse, or to adjust the bed independently, because the buttons were so small, and so difficult to push. And there was no ancillary device to be able to do that when we know we have the infrared technology and all the other different methods of making things more accessible.

I would urge you to not focus on access. Access is not good enough. Access just gets us in the door. I would like you to think about universal design. You have heard about people who say that the bed heights in hotels are too high now. For some of us that works really well. For others, it doesn't. We need options. If the ADA promoted something, that was the issue of choice. And that is the spirit that you need to keep having. We need to look at more inclusive methods, and universal design, rather than just accessible design. Thank you very much for your time.

>> JOHN WODATCH: Thank you very much.

Now we come to, after a long and invigorating day, our last commenter. If you recall, the end of our morning session, our commenter's name was Carrie Finale. For those of you who speak French, this is also interesting, our last commenter today is Ms. Marilyn Finn. So you have the last word today.

>> MARILYN FINN: Yes, here I am. The last of the last. I want to thank all of you for all your hard work. I'm old enough that I was way before the ADA was passed, and I'm with the Hearing Loss Association of America. One of our founders, our primary founder, was on that committee that put together

the ADA. So I lived a lot of years without the ADA, and saw the tremendous difference it made afterwards.

I was on the staff of the Hearing Loss Association of America, and I'm a recent volunteer president of the Hearing Loss Association of California.

I've a profound hearing loss, and captioning is how I watch television, how I use the Internet, and what I must have to comprehend a film in the theater. I'm late-deafened. I wasn't hard of, my hearing loss wasn't noticed until I was 14. I think I'm as tired as everyone else.

And I was so pleased in my 30s when FM and infrared devices were put in the theaters, slowly, slowly but they came along. And I could go to the theater with my friends, coworkers, family. I could understand meetings with devices. That was wonderful. But about ten years ago, those devices would no longer work for me, not unless the person speaking was facing the camera, facing me, not unless I knew who was talking in a meeting room, and you could imagine that my idea of the plot of a movie was very strange, because I could only get, if someone was facing me. If they turned away, oops, I once had a fight with my mother and sister about what the plot of the movie actually was. Nobody won. (Chuckles).

So, HLA has chapters throughout the United States, and when I lived in Maryland and worked for HLAA, local members attended a captioned film once a month at 2 p.m. on a Sunday. We are all working and our other choice was 11 a.m. on a Tuesday, which we couldn't do. We saw whatever they chose to feature on that day and at that time, because there were no other captioned screenings. Blizzards did not deter us. When there was a family film featured, the excitement of the deaf and hard-of-hearing children there was just wonderful.

My brother lost his hearing as a baby, and he is here in one of these shirts, by the way. He went for the first 30 years of his life to movies with his friends and family but he didn't know what they were about. He just went because everybody was going.

For our family, captioning and movies is extremely important.

The captioning that we used in the theater in Maryland was open captioning. Rear window certainly allows you to go anywhere you want to go with your family, but I too experienced the thing of getting to a theater that advertised rear window, that I phoned ahead and said they had rear window and the staff didn't know how to turn it on.

It's a long drive sometimes to get to one of these theaters. So rear window is wonderful for what it does. Open captioning is wonderful for what it does. And the ADA is wonderful for what it does.

I wanted to touch on the computer captioning, because this is also part of my life. The Internet is becoming more and more a part of my life than all the outdoor things that I used to love to do so much.

I really think that what our -- the speaker, one or two people before me said about the ease of getting captioning on the Internet, getting assets on the Internet, I urge you to do that. And in conclusion, thank you very much, for this day. This was an amazing day to participate in.

>> JOHN WODATCH: Thank you very much.

I will, I have a few closing remarks. I agree with you. It has been an amazing day. It has been an invigorating day, for those of us from Washington, to come and hear your heart-felt stories. You were very kind with your implicit criticism. We appreciate that. But we also heard you, and I can tell you that we will go back to Washington, consider what you have said to us today, look forward to the written comments that you have.

I should point out to everyone here and those listening on the Internet that you have until January 24 to provide us with formal written comments.

We hope that you will do so. We hope you encourage your friends to do so. Our ability to craft careful, important and good regulations depends upon the comments that we will get from all of you.

I'd also like to thank a number of people who made today possible. We have had volunteers from a series of other federal agencies from the San Francisco area, from the Social Security Administration, from the EEOC, from the Department of Homeland Security, the Department of Agriculture, our own U.S. Attorney's Office and the Department of Justice, from the Department of Justice's Executive Office for Immigration Review, and from the Department of Education, particularly alumna of our own office, Laura Welp, who was here with us today and we appreciate her time.

I'd be remiss if I didn't thank the staff from the Department of Justice who were here, the person in charge of this hearing was Zita Johnson Betts who is acting deputy chief in the disability rights section, who's worked tirelessly on this hearing and the other hearings. She's been very ably assisted by two people who were sort of the co-chairs, Kay O'Brien and Brandy Wagstaff, you have seen these people working the event all day today.

In addition, there are other people from the department who have been working very hard. Linda Garrett, Robin Deykes and Barbara Elkin, who was our hearing clerk today. We had interpreters who came from Washington, Beth Maclay and Anita Frelich. We also would like to thank the interpreters who were supplemented the hearing today from San Francisco. In addition, other staff Rex Pace, Scott Shea and Samantha Lewis were all here, and working behind the scenes. And you saw some of the other people from our department who took turns listening to you today, up on the front, Mazen Basrawi who has been an iron man here sitting throughout the day.

>> MAZEN BASRAWI: I'd just like to point out it wasn't as much as you, John. (Chuckles).

>> JOHN WODATCH: And Bob Mather, Christina Galindo-Walsh, Felicia Sadler, who is sitting here now, Sarah DeCosse and Kathy Devine. We also had a number of contractors who assisted us, X-Factor who has been here at this hearing, and at the other two hearings that we did, who have done unbelievable work in terms of making this event run smoothly and get it up on the Internet. Audio Description Associates for the audio description, and Caption First for the CART services.

This event would not have been possible nor run anywhere near as smoothly without their combined efforts. I'm very thankful for them. We look forward to your comments in the future and I really thank especially those of you who stayed with us throughout the day and listened to all the testimony. I hope you found it as enriching as we did.

Thank you and with that, I'll conclude the hearing.

(Applause)

(end of hearing at 5:05 p.m. PT)

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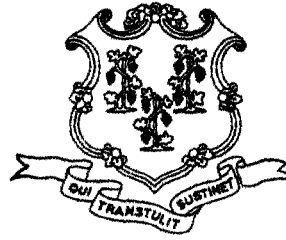
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Return to ANPRM page | ADA Home
Page

Last updated: January 20, 2011

State of



Connecticut

By Her Excellency M. Jodi Rell, Governor: an

Official Statement

WHEREAS, people of all ages in Connecticut and throughout the world have developed the illness of Electromagnetic Sensitivity (EMS) as a result of global electromagnetic pollution; and

WHEREAS, Electromagnetic Sensitivity (EMS) is a painful chronic illness of hypersensitive reactions to electromagnetic radiations for which there is no known cure; and

WHEREAS, the symptoms of EMS include dermal changes, acute numbness and tingling, dermatitis, flushing, headaches, arrhythmia, muscular weakness, tinnitus, malaise, gastric problems, nausea, visual disturbances, severe neurological respiratory, speech problems, and numerous other physiological symptoms; and

WHEREAS, Electromagnetic Sensitivity (EMS) is recognized by the Americans with Disabilities Act, the U.S. Access Board, and numerous commissions; and

WHEREAS, the health of the general population is at risk from electromagnetic exposures that can lead to this illness induced by electromagnetic radiations; and

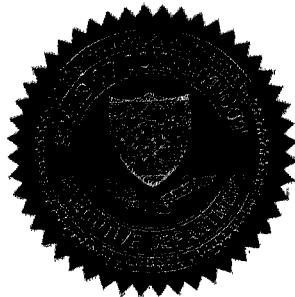
WHEREAS, this illness may be preventable through the reduction or avoidance of electromagnetic radiations, in both indoor and outdoor environments and by conducting further scientific research; and

WHEREAS, people with EMS need the support of the medical establishment and understanding of family, friends, co-workers, and society as they struggle with their illness and have to adapt to new lifestyles; now

THEREFORE, I, M. Jodi Rell, Governor of the State of Connecticut, do hereby proclaim the month of May 2009, as

ELECTROMAGNETIC SENSITIVITY (EMS) AWARENESS MONTH

in the State of Connecticut.



M. Jodi Rell
Governor

**Civil Rights Intervention for Electromagnetically Disabled
(C.R.I.E.D.)**

P.O. Box 3
Warner Springs, CA 92086

760-782-3005

April 12, 2011

Re: Protection of the Electromagnetically/Microwave Radiation Disabled
Americans

Dear FCC,

A large sector of citizens, estimated to be 3%, is disabled by electromagnetic fields and Radio Frequencies. The microwave radiation from wireless technology causes serious functional impairment to many whose symptoms have been characterized under the name radiofrequency sickness. The symptoms can range from discomfort to life-threatening depending on the exposure and the individual involved.ⁱ This disability has been recognized by the governments in other countries, such as Sweden, for some time now. To eliminate landlines will cut off millions of disabled Americans ability to communicate.

With the advent of increasing wireless technology being implemented throughout our country, an ever increasing number of our citizens are becoming hypersensitive to electromagnetic fields and radio frequencies. Citizens have to leave their homes and are unable to access public buildings, yet there are no provisions to accommodate these Americans or government protection for these Americans. Now the FCC want to eliminate one of the only methods for these disabled Americans to communicate. (see attachment Jan 2011 testimony to Department of Justice for expert opinion and citizen testimony)

I have referenced below several peer reviewed medical research, establishing that this is a real physically based illness that causes mild to severe disability to a growing number of Americans.ⁱⁱ

I urge the FCC to NOT eliminate landlines as a choice for many disabled Americans.

Thank you for your consideration of this important disability and civil rights issue facing our country.

Sincerely,

Barbara E. Schnier, Esquire
(Calif. Bar 113809, inactive disabled)

ⁱ Please see "Provocation Study using Heart Rate Variability Shows Radiation from 2.4 GHz Cordless Phone Affects Autonomic Nervous System" (Eur. J. Oncol. Library, vol. 5) (attached) to read about how potentially serious the effects can be on the heart. Also see the Bioinitiative (2007) found at www.bioinitiative.org for 2000 peer reviewed studies regarding physical effects of wireless tech on biological tissue.

ⁱⁱ ATTACHED AS EXHIBITS 1through 5:

1. PUBLIC HEALTH IMPLICATIONS OF WIRELESS TECHNOLOGIES
Cindy Sage , David O. Carpenter, (2009) *Institute for Health and the Environment, University at Albany, Rensselaer, NY, USA*
2. FIELDING A CURRENT IDEA: EXPLORING THE PUBLIC HEALTH IMPACT OF ELECROMAGNETIC RADIATION (April 2007) Journal of the Royal Institute of Public Health, Faculty of Medicine, University of Alberta, author Stephen J. Genius
3. NON-THERMAL EFFECTS AND MECHANISMS OF INTERACTION BETWEEN ELECTROMAGNETIC FIELDS AND LIVING MATTER, (2010) Ramazzini Institute, European Journal of Oncology-Lib Vol.5 ; Edited by livio Giuliani and Morando Soffritti.
4. EXPOSURE TO EXTREMELY LOW FREQUENCY ELECTROMAGNETIC FIELDS AND RADIOFREQUENCY RADIATION: CARDIOVASCULAR EFFECTS IN HUMANS: BioInfo Bank (number abstracts of medical articles; 26 pages)
5. LETTER TO CALIFORNIA PUBLIC UTILITIES COMMISSION, Daniel Harper M.D.